

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**BUSINESS TAXES CORPORATION****REPORT OF CHANGE FOR IRS ADJUSTMENT ONLY**

FOR DRA USE ONLY

For the CALENDAR year \_\_\_\_\_ or other taxable period beginning \_\_\_\_\_ and ending \_\_\_\_\_  
Mo Day Year Mo Day YearThis form is to be used to report any change to the New Hampshire Business Profits and/or Business Enterprise Tax returns caused by a final determination of an Internal Revenue Service Examination only. Provide a copy of the IRS adjustment report. **DO NOT USE THIS FORM TO AMEND A RETURN.**

|   |  |                                |
|---|--|--------------------------------|
| <b>STEP 1<br/>Print<br/>or Type</b>   | NAME OF CORPORATION  | TAXPAYER IDENTIFICATION NUMBER |
|   | NUMBER & STREET ADDRESS  |                                |
|   | ADDRESS (Continued)  |                                |
|   | CITY/TOWN, STATE AND ZIP CODE+4  |                                |
| <b>STEP 2<br/>Figure<br/>Your<br/>Taxes</b>   | 1 <b>GROSS BUSINESS PROFITS</b><br>(a) Taxable Income (loss) before net operating loss deduction and special deductions or if bonus depreciation is taken enter the amount from Line 5 of the Corporate Schedule R as originally filed or previously adjusted. (If negative, show in parenthesis.) .....1(a) |                                |
|   | (b) Separate entity or passive loss limitation adjustments as originally filed or previously adjusted .....1(b)  |                                |
|   | (c) New Hampshire Gross Business Profits as originally filed or previously adjusted [combine Lines 1(a) and 1(b)] .....1(c)  |                                |
|   | 2 <b>INTERNAL REVENUE SERVICE ADJUSTMENTS TO FEDERAL INCOME</b> (From Page 2, Section 1, Line 1) .....2  |                                |
|   | 3 <b>GROSS BUSINESS PROFITS AS ADJUSTED BY IRS ADJUSTMENTS</b> Line 1(c) adjusted by Line 2 .....3   |                                |
|   | 4 <b>ADDITIONS AND DEDUCTIONS (RSA 77-A:4)</b>   |                                |
|   | (a) As originally filed or previously adjusted .....4(a)   |                                |
|   | (b) Adjustments to additions from Page 2, Section 2, Line 2 .....4(b)  |                                |
| (c) Adjustments to deductions from Page 2, Section 3, Line 3 .....4(c)  |  |                                |
| (d) Total adjusted additions and deductions [combine Line 4(a), 4(b) and 4(c)] .....4(d)  |  |                                |
| 5 <b>ADJUSTED GROSS BUSINESS PROFITS</b> [Line 3 adjusted by Line 4(d)] .....5  |  |                                |
| 6 <b>NH APPORTIONMENT PERCENTAGE</b> from Form DP-80 expressed as a decimal to 6 places. If this apportionment percentage is different from the percentage originally filed or previously adjusted, check here <input type="checkbox"/> and attach a revised DP-80 .....6 |  |                                |
| 7 <b>NH TAXABLE BUSINESS PROFITS</b> (Line 5 x Line 6. If negative enter zero) .....7   |  |                                |
| 8 <b>NH BUSINESS PROFITS TAX AS ADJUSTED BY IRS ADJUSTMENTS</b> .....8<br>(Line 7 x tax rate. See DP-87 instructions)   |  |                                |
| <b>STEP 3<br/>Figure<br/>Your<br/>Amount<br/>Due</b>  | 9 Credits allowed under RSA 77-A:5 as originally filed or previously adjusted .....9   |                                |
|   | 10 Subtotal (Line 8 minus Line 9) .....10  |                                |
|   | 11 Business Enterprise Tax Credit as originally filed or previously adjusted .....11   |                                |
|   | 12 Balance of Business Enterprise Tax due (Page 2, Section 4, Line F) [If Line F is NEGATIVE, ENTER ZERO.] .....12   |                                |
|   | 13 NH Business Profits Tax Net of Statutory Credits as originally filed or previously adjusted .....13   |                                |
|   | 14 Balance of tax due ((Line 10 minus Line 11 plus Line 12 minus Line 13)) .....14   |                                |
|   | 15 Interest due (see DP-87 instructions) .....15   |                                |
|   | 16 Balance due (Line 14 plus Line 15) .....16  | <b>PAY THIS AMOUNT ►</b>       |
| 17 Refund due (If Line 14 is negative, enter here) .....17  |  |                                |
| <input type="checkbox"/> POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed on this return.  |  |                                |
| Under penalties of perjury, I declare that I have examined this form and to the best of my belief it is true, correct and complete. (If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.)  |  |                                |

**X**

SIGNATURE (IN INK) OF TAXPAYER

DATE

**X**

SIGNATURE (IN INK) OF PREPARER OTHER THAN TAXPAYER

DATE

FOR DRA USE ONLY

PRINT SIGNATORY NAME &amp; TITLE

PRINT PREPARER'S NAME &amp; IDENTIFICATION NUMBER

NH DRA  
MAIL TAXPAYER SERVICES  
TO: PO BOX 3306  
CONCORD, NH 03302-3306

PREPARER ADDRESS

CITY/TOWN, STATE AND ZIP CODE+4

**REPORT OF CHANGE FOR IRS ADJUSTMENT ONLY**

Page 2

**SECTION 1 IRS ADJUSTMENTS TO INCOME**

If the number of adjustments exceed the lines provided, attach a schedule and summarize on Line E.

|   | FEDERAL FORM                 | ADJUSTMENT DESCRIPTION | AMOUNT ORIGINALLY REPORTED | AMOUNT OF CHANGE | BALANCE AFTER CHANGE |
|---|------------------------------|------------------------|----------------------------|------------------|----------------------|
| A |                              |                        |                            |                  |                      |
| B |                              |                        |                            |                  |                      |
| C |                              |                        |                            |                  |                      |
| D |                              |                        |                            |                  |                      |
| E | Total from attached schedule |                        |                            |                  |                      |

Line 1 Enter total of Lines A through E here and on Page 1, Line 2 ..... 1

**SECTION 2 IRS ADJUSTMENTS TO ADDITIONS**

If the number of adjustments exceed the lines provided, attach a schedule and summarize on Line E.

|   | NH RETURN LINE NUMBER | ADJUSTMENT DESCRIPTION | AMOUNT ORIGINALLY REPORTED | AMOUNT OF CHANGE | BALANCE AFTER CHANGE |
|---|-----------------------|------------------------|----------------------------|------------------|----------------------|
| A |                       |                        |                            |                  |                      |
| B |                       |                        |                            |                  |                      |
| C |                       |                        |                            |                  |                      |
| D |                       |                        |                            |                  |                      |
| E |                       |                        |                            |                  |                      |

Line 2 Enter total of Lines A through E here and on Page 1, Line 4(b) ..... 2

**SECTION 3 IRS ADJUSTMENTS TO DEDUCTIONS**

If the number of adjustments exceed the lines provided, attach a schedule and summarize on Line E.

|   | NH RETURN LINE NUMBER | ADJUSTMENT DESCRIPTION | AMOUNT ORIGINALLY REPORTED | AMOUNT OF CHANGE | BALANCE AFTER CHANGE |
|---|-----------------------|------------------------|----------------------------|------------------|----------------------|
| A |                       |                        |                            |                  |                      |
| B |                       |                        |                            |                  |                      |
| C |                       |                        |                            |                  |                      |
| D |                       |                        |                            |                  |                      |
| E |                       |                        |                            |                  |                      |

Line 3 Enter total of Lines A through E here and on Page 1, Line 4(c) ..... 3

**SECTION 4 IRS ADJUSTMENTS TO BUSINESS ENTERPRISE TAX**

|   |   |  |
|---|---|--|
| A | NH Taxable Enterprise Value Tax Base (TEVTB) as originally filed or previously adjusted (BET-PROP Line 4)     |  |
| B | Internal Revenue Service adjustments to TEVTB (attach revised BET and/or BET-80)                              |  |
| C | NH TEVTB as adjusted by IRS Adjustments (Line A adjusted by Line B)   |  |
| D | NH Business Enterprise Tax as adjusted by IRS Adjustments (Line C x tax rate, see DP-87 instructions)         |  |
| E | NH Business Enterprise Tax as originally filed or previously adjusted   |  |
| F | Balance of Business Enterprise Tax due (Enter amount on Page 1, Line 12. If NEGATIVE, ENTER ZERO on Line 12.) |  |